

Case Name:
Case Number:
Date:
DHS Office:
Specialist:
Phone:
Fax:
Specialist ID:

STATE OF MICHIGAN
Department of Human Services

If you do not understand this, call a DHS office in your area.
DHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de DHS en su área.
La ley prohíbe a los empleados de DHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فأتصل بمكتب DHS الموجود في منطقتك.
يُحرم القانون على موظفي DHS إعطاء النصيحة القانونية.

ENTER ADDRESSEE NAME
ENTER ADDRESSEE CARE OF
ENTER ADDRESSEE PO BOX OR STREET
ENTER ADDRESSEE CITY/STATE/ZIP

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
AUTHORITY: PA 280 of 1939.
COMPLETION: Voluntary
CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.

CHILD DEVELOPMENT AND CARE UNLICENSED PROVIDER APPLICATION

INSTRUCTIONS TO PROVIDER:

Due Date:

- Read all pages of this application.
 - If there is no name entered in the "Case Name" box in the top right corner of this application, enter the name of the parent/substitute parent whose child(ren) is in your care.
 - **Complete page 1 and 2. Sign and date page 3. Retain page 4.**
 - **You must provide proof of your identity, age and Social Security Number with this application. Your Social Security Number will be used for proof of identity, IRS reporting and background checks. Failure to provide these verifications within 6 working days may result in denial of your application.**
 - No payments will be made for any care provided before you have completed the Great Start to Quality Orientation training.
 - After training is completed, you will receive a DHS-198, Child Development and Care Certificate/Notice of Authorization, indicating your ability to bill for care provided from that point forward for the child(ren) listed on the notice.
 - **DHS Publication 230, Child Development and Care Handbook is available online at: www.michigan.gov/childcare**
 - The parent is responsible for child care expenses that are not paid by DHS including expenses incurred while a parent's or provider's eligibility is being determined or before the provider completes the Great Start to Quality Orientation.
- By completing this application, I am applying to be a DHS-enrolled Child Development and Care unlicensed provider. I have read and certify that I understand and meet all requirements listed on page 3 and 4 of this application.**

Name (Last, First, Middle)			Former/Maiden/Alias		
Date of Birth	Sex	Social Security #		Driver's License #	
Residence Address (Number and Street, Apartment Number)			City	State	Zip Code County
Mailing Address (If Different From Above)			City	State	Zip Code County
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES →			Provider ID Number		Telephone Number ()
Have you ever had your child care center/group home license or family home registration suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES					
Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, for whom? →					
Where will you providing care? <input type="checkbox"/> In the child(ren)'s home [check here if you live in the same home as the child(ren)]. <input type="checkbox"/> In your home.					

DISTRIBUTION: Pages 1 -3, Local office central provider file
Page 4 - Provider

Case Name	Case Number	Specialist
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What is your relationship to all of the children you plan to care for in your home? Relationship must be by blood, marriage, or adoption.

☐ Not related
 ☐ Uncle/great-uncle
 ☐ Sibling

☐ Grandparent/great-grandparent
 ☐ Aunt/great-aunt

DHS will complete background checks for all Child Development and Care unlicensed provider applicants and all adult household members. Failure to tell DHS of any and all charges (e.g., misdemeanors, traffic violations, etc.) will result in denial.

Do you or any adult household member have any criminal charges pending or have ever been convicted of a crime? ☐ No ☐ Yes If yes, in what state? → _____

Describe the crime(s): _____

Have you ever been found responsible for the neglect or abuse of children in a Children's Protective Services Case? ☐ NO ☐ YES

List all adults (18 years and older) living in the home.

Name	Maiden & Other Names Used	Date of Birth	Sex	Relationship to You	Social Security #

Effective March 7, 2010, DHS payment eligibility will be based on the date the provider completes the Great Start to Quality Orientation.

No back payments will be made to cover child care provided before this required training.

To find Great Start to Quality Orientation trainings in your area, please visit www.greatstartconnect.com or call 1-877-614-7328.

Payments made for child care services for subsidy eligible children are reported to the Internal Revenue Service.

I certify that I meet the following requirements to be a DHS enrolled Child Development and Care unlicensed provider:

- I have provided accurate information in this application and understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, DHS may deny or terminate my enrollment as a Child Development and Care provider.
- I am at least 18 years of age and able to read and write.
- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I understand that I may be denied or terminated from caring for subsidy eligible children if a Central Registry or criminal background check determines I, or any adult (18 years or older) living in my household, have been responsible for the neglect or abuse of children in a confirmed Children's Protective Services case, or if I or an adult household member, have been charged or convicted of certain disqualifying crimes.
- I do not have any physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I do not have family responsibilities or other obligations that would interfere with providing child care to children.
- I know how and when to seek help from others (how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children, etc.).
- I have not had my child care center, group home license, foster care license or family home registration revoked, and I am not currently suspended.
- I will immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must cooperate with the DHS in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced up to 20%.
- I understand I will not receive any payments from DHS for care provided prior to the completion of the Great Start to Quality Orientation.
- I agree that if I default on a repay agreement, future payments may be reduced by up to 20%.
- I will give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I will only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must report to the local DHS office a change in my name, mailing and/or residential address, if I stop providing care for a subsidy eligible child and any change to the adults (18 years or older) living in my household within 10 calendar days of occurrence as long as I am a provider.
- I understand that as part of my billing/reporting requirements, I must keep daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. The parent/substitute parent must certify that these records are accurate. I must keep those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand I am considered self employed, not employed by DHS, and that I receive a benefit that is issued on behalf of the parent by DHS.
- I understand that if I am also a home help provider, I may not provide child care for the same period in which home help is provided.
- I understand that if I have employment other than as a Child Development and Care provider, my hours of employment must not conflict or interfere with the hours that I provide child care.
- I will only bill for child care services when a subsidy eligible child is physically in my care (except for holidays and absences due to a child's illness) and the child would normally be in my care.
- I will not be caring for more than 4 children (including my own children) at the same time, unless all children are siblings or migrant children. The maximum number of siblings or migrant children in my care may not exceed 6 (including my own children) at any one time.
- I will not be caring for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 540 hours in a biweekly pay period.
- I acknowledge that the terms and conditions of this enrollment may be changed without notice.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that my enrollment will be terminated when four months have passed without receiving a payment.
- I have reviewed and agree to all terms outlined in the Child Development and Care Handbook and the DHS website (www.michigan.gov/childcare).
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled Child Development and Care unlicensed provider. I have retained a copy of the requirements for my records.

Provider Signature

Date

REQUIREMENTS TO BE A DHS-ENROLLED CHILD DEVELOPMENT AND CARE UNLICENSED PROVIDER

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Provider retain this page for your records.